## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w pplicable fee(s), to: Mail Mail Stop ISSU Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

24956

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05/09/2005

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C. 1800 DIAGONAL ROAD **SUITE 370** ALEXANDRIA, VA 22314

08/03/2005 MBEYENE2 00000063 09656138

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Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Signat

TOTAL FEE(S) DUE

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/656,138      | 09/06/2000  | Shinji Nozaki        | 500.39049X00        | 9178             |

**PUBLICATION FEE** 

ISSUE FEE

TITLE OF INVENTION: NETWORK RELAY APPARATUS

| nonprovisional                                                                                                                                                                                                                                                | nonprovisional NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     |                                                          | \$0                                                    |                                     | 100                                | 08/09/2005                                         |     |
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| EXAMINER                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ART UNIT                                                                                                                                                                                                                                                                            |                                                          | CLASS-SUBCLASS                                         |                                     |                                    |                                                    |     |
| PHUNKULH, BO                                                                                                                                                                                                                                                  | 2661                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2661 370-390000                                                                                                                                                                                                                                                                     |                                                          |                                                        |                                     |                                    |                                                    |     |
| Change of correspondence addrecter 1.363).      Change of correspondence a Address form PTO/SB/122) attained by the Address form PTO/SB/122 or mor Number is required.      ASSIGNEE NAME AND RESIPLEASE NOTE: Unless an as recordation as set forth in 37 Cl | Correspondence contains a contain form contains a contain form contains a con | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                          |                                                        |                                     |                                    | , P.                                               |     |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     | (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Tokyo, Japan |                                                        |                                     |                                    |                                                    |     |
| Please check the appropriate assign                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                          |                                                        | orporation or o                     | ther private gr                    | oup entity Govern                                  | ım  |
|                                                                                                                                                                                                                                                               | The following fee(s) are enclosed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     | 4b. Payment of Fee(s):                                   |                                                        |                                     |                                    |                                                    |     |
| Issue Fee                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     | A check in the amount of the fee(s) is enclosed.         |                                                        |                                     |                                    |                                                    |     |
| Publication Fee (No small entity discount permitted)                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed) 🎦                                                                                                                                                                                                                                                                               | Payment by credit card. Form PTO-2038 is attached.       |                                                        |                                     |                                    |                                                    |     |
| Advance Order - # of Copie                                                                                                                                                                                                                                    | es                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | De <sub>1</sub>                                                                                                                                                                                                                                                                     | The Director is posit Account N                          | s hereby authorized by clumber 50-1417                 | harge the requ                      | ired fee(s), or<br>lose an extra c | credit any overpayme copy of this form).           | nt  |
| 5. Change in Entity Status (from                                                                                                                                                                                                                              | status indicated above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | )                                                                                                                                                                                                                                                                                   |                                                          | · · · · · · · · · · · · · · · · · · ·                  |                                     |                                    |                                                    |     |
| a. Applicant claims SMALL                                                                                                                                                                                                                                     | ENTITY status. See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 37 CFR 1.27.                                                                                                                                                                                                                                                                        | b. Applicant is                                          | no longer claiming SMA                                 | LL ENTITY st                        | atus. See 37 C                     | FR 1.27(g)(2).                                     |     |
| The Director of the USPTO is requ<br>NOTE: The Issue Fee and Publicat<br>interest as shown by the records of                                                                                                                                                  | tested to apply the Issuion Fee (if required) very the United States Pate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ne Fee and Publication will not be accepted fro ent and Trademark Off                                                                                                                                                                                                               | Fee (if any) or to<br>m anyone other<br>ice.             | o re-apply any previousl<br>than the applicant; a regi | y paid issue fee<br>stered attorney | to the applica<br>or agent; or the | ation identified above.<br>he assignee or other pa | ırt |
| Authorized Signature                                                                                                                                                                                                                                          | vinc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                     |                                                          | Date Âug                                               | ust 2, 2                            | 005                                |                                                    |     |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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Typed or printed name

Frederick D. Bailey

Registration No.

42,282